

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

**FILED**

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF TEXAS  
LEFKE DIVISION

U.S. DISTRICT COURT  
EASTERN DISTRICT OF TEXAS

APR 16 2018

MASON JAMES BIOBOTH  
Plaintiff's Name and ID Number

BY  
DEPUTY \_\_\_\_\_

EASTHAM UNIT  
Place of Confinement

CASE NO. 9:18 cv 61  
(Clerk will assign the number)

v.  
UNIVERSITY OF TEXAS MEDICAL BRANCH  
Defendant's Name and Address

NURSE STEPHEN MARTIN  
Defendant's Name and Address

PROVIDER CECILIA D KATZ  
Defendant's Name and Address  
(DO NOT USE "ET AL.")

**INSTRUCTIONS - READ CAREFULLY**

**NOTICE:**

**Your complaint is subject to dismissal unless it conforms to these instructions and this form.**

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACKSIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

**FILING FEE AND *IN FORMA PAUPERIS* (IFP)**

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or a initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

**CHANGE OF ADDRESS**

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE OF THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

**I. PREVIOUS LAWSUITS:**

A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? ☒ YES ☐ NO

B. If your answer to "A" is "yes", describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: 2017
2. Parties to previous lawsuit:  
 Plaintiff(s) MASON JAMES  
 Defendant(s) TERESA A. ANDERSON
3. Court: (If federal, name the district; if state, name the county.) EASTEG LUTIN
4. Cause number: 9:17-CV-02160
5. Name of judge to whom case was assigned: ZACK HANCOCK
6. Disposition: (Was the case dismissed, appealed, still pending?) STILL PENDING
7. Approximate date of disposition: N/A

II. PLACE OF PRESENT CONFINEMENT: TEXAS PRISONER

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? ☒ YES ☐ NO  
Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: MASON JAMES # 670604  
EASTHAM UNIT 2665 PRISON RD /  
LOVELAND, TX 75851

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: UNIVERSITY OF TEXAS MEDICAL  
BRANCH CLARK

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

NIA

Defendant #2: NURSE STEPHEN MARTIN

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

THREATENED AND HARASSMENT

Defendant #3: PROVIDER CECILIA DROSE

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

SHE TELL NURSE STEPHEN MARTIN NOT TALK

Defendant #4: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

## V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

NURSE STEPHEN MARTIN CAUSED PRESENT IMMINENT DANGER. NURSE MARTIN STATE-  
MENTED ME WAS UNCALLED - FOR.  
NURSE MARTIN VIOLATED MY CONSTITUTION RIGHTS AND MY MEDICAL CARE UNDER THE U.S. CONSTITUTION. AT THE EASTHAM UNIT MEDICAL I WAS UNDER THE PROVIDER CARE FOR AND INJURY FOR MY RIGHT FORE-  
ARM. ON DATE JANUARY 5, 2018 IN THE

## VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

\$ 90,000

## VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

NIA

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

DOB 70604

## VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? ☒ YES ☐ NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): EASTHAM

2. Case number: 9:17-CV-00160

3. Approximate date sanctions were imposed: 2017

4. Have the sanctions been lifted or otherwise satisfied? ☐ YES ☒ NO

MEDICAL ROOM NURSE MARTIN WAS GIVEN  
 AND DRESSING CHANGE TO MY RIGHT  
 FOREARM. NURSE MARTIN STATE TO ME  
 THAT HE ON AND GUN. AND HE WILL  
 USE TO KILL ME. THE NEXT DAY ON DATE  
 FEBRUARY 21<sup>ST</sup> 2018 I GO INTO MEDICAL  
 FOR AN DRESSING CHANGE TO MY RIGHT  
 FOREARM. NURSE MARTIN TELL ME TO  
 SEAT DOWN YOU GET UP THE ROOM  
 WILL BLOW UP. NURSE MARTIN CAUSED  
 ME SUFFER SERIOUS DELIBERATE INJURY OR  
 DEATH. I CANNOT GO TO MEDICAL  
 BECAUSE MY LIFE IS ENDANGERMENT.  
 NURSE MARTIN WALK ROUNDS THE MEDICAL  
 DEPARTMENT TRYING TO FIND A NURSE PROVIDER  
 HE FIND PROVIDER DR. JOE, CECILIA AND HE  
 TELL HER THAT HE DON'T WANT TO CHANGE  
 MY RIGHT FOREARM SHE STATE O.K. I WAS  
 UNDER DOCTOR CARE. I HAS A SERIOUS  
 MEDICAL NEED AND NEED MARTIN SHOW  
 ME DELIBERATE INDIFFERENCE. NURSE

MARTIN ALSO ~~TOOK~~ MY CORRECTIONAL  
MANAGED HEALTH CARE RETURN TO  
CLINIC PASS AWAY FROM ME. I ALSO  
BRING A MEDICAL MALPRACTICE ON  
PROVIDER CECILIA OKOYE NP. I AM UNDER  
IMMINENT DANGER OF SERIOUS PHYSICAL  
INJURY. I HAVE STATE A CLAIM LADON WHICH  
RELIEF MAY BE GRANTED.

BY: Nason Taf Jones

SUBJECT: State briefly the problem on which you desire assistance.

RE: RESOLVING MEDICAL CONCERNS.  
I CAN NOT GO TO MEDICAL WITHOUT BEING  
STALK AND HARASS BY NURSE STEPHEN  
MARTIN. I HAVE MEDICAL ISSUE.

Name: JAMES MASON No: 570604 Unit: EA  
Living Quarters: D-5-QD Work Assignment: 1K MEDICAL SQD

DISPOSITION: (Inmate will not write in this space)

Mr. Martin is not harassing you as you allege.  
Refer your nurse complaints to Ms. Ppck.  
Nurse Manager ~~to be taken care of~~ through if you want.  
I have talked with Mr.  
Martin, 3/27/18

RECEIVED MAR 23 2019

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

**PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.**

1. ☐ Unit Assignment, Transfer (Chairman of Classification, Administration Building)
2. ☐ Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)
3. ☐ Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)
4. ☐ Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)
5. ☐ Visiting List (Asst. Director of classification, Administration Building)
6. ☐ Parole requirements and related information (Unit Parole Counselor)
7. ☐ Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration)
8. ☐ Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

**MEDICAL COMPLAINTS COORDINATOR**

TO: \_\_\_\_\_ DATE: 03-21-2018  
(Name and title of official)

ADDRESS: \_\_\_\_\_  
**2A**





## Texas Department of Criminal Justice

## STEP 2

## OFFENDER

## GRIEVANCE FORM

James, Mason

Offender Name: JAMES, MASON

TDCJ #

Unit: EA

Housing Assignment: 0-3-20

Unit where incident occurred: EA

## OFFICE USE ONLY

Grievance #: 2018082946

UGI Recd Date: MAR 05 2018

HQ Recd Date: MAR 09 2018

Date Due: 04.14

Grievance Code: 015

Investigator ID#: I1364

Extension Date:

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

EMERGENCY. STEPHEN MARTIN MADE  
BOMB THREATENED ~~ME~~ TO ME HE THEN  
PUT MY LIFE ENDANGEMENTA NOT ONLY  
HE PUT MY LIFE ENDANGEMENTA. HE  
PUT EVERY LIFE ON EASTHAM LINT IN  
ENDANGER. I HAVEN'T YET TALK TO INVEST-  
IGATOR B. GARDNER.

Offender Signature: Masor P. JonesDate: 03-03-2018

Grievance Response:

Your complaint has been reviewed by this office. Insufficient evidence has been found to substantiate any violations of policy by staff. You were appropriately advised in your Step 1 response. Based on the information available at this time, no further action is warranted.

MATT GROSS  
ASSISTANT REGION DIRECTOR

Signature Authority: [Signature]Date: 3-19-18

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

**OFFICE USE ONLY****Initial Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



## Texas Department of Criminal Justice

# STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance # 2018082966Date Received: FEB 06 2018Date Due: 3-18-18Grievance Code: 015Investigator ID #: 10959 10972

Extension Date: \_\_\_\_\_

Date Retd to Offender: MAR 02 2018

Offender Name: JAMES MASON TDCJ # 670654  
 Unit: EA Housing Assignment: L-3-17  
 Unit where incident occurred: EA 0-3-20B

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? ROBERTS, M When? 02-01-18

What was their response? N/A.

What action was taken? N/A

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

ME AM FILLING THIS STAFF MISCONDUCT  
 ON NURSE STEPHEN MARTIN.  
 ON DATE JANUARY 3/2018 AT EAST HAM  
 MEDICAL DEPARTMENT MARTIN MADE STATE-  
 MENT TO ME. I HAVE AN GUN. AND I WILL  
 SHOOT YOU WITH MY GUN. ON DATE FEBRUARY  
 01/2018 AT EAST HAM UNIT MEDICAL DEPART-  
 MENT AGAIN MARTIN STATE SIX DOWN I  
 HAVE AN BOMB YOU GOT UP IT IS GOING  
 TO BLOW YOU UP. ALL OF THE STAFF'S  
 INSIDE MEDICAL HEARD MARTIN TALK TO  
 ME. MARTIN CASE SUFFERED SERIOUS BODILY  
 INJURY OR DEATH. MEDICAL STAFF ROBERTS  
 IS LIABLE FOR NURSE MARTIN ACTION.



Action Requested to resolve your Complaint.

ME WANTED ~~ON~~ THE UNIT  
D.C. OFFICE TO CONDUCT INVESTIGATION.Offender Signature: Nathan Top JonesDate: 02-21-2018

Grievance Response:

Administration has been made aware of your allegations and an investigation has been conducted. Nurse Martin states that you told him that you were going to his house when you were released from prison. Nurse Martin further contends that he warned you that he would protect himself and his property at all costs should you choose to do so. There is insufficient evidence that your safety and/or wellbeing has been threatened. Your allegations have been forwarded to Office of Inspector General Investigator B. Gardner by Unit Administration. No further action is warranted at this time.

ASST WARDEN  
K. HUTTOSignature Authority: HALDate: 3-2-18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

**OFFICE USE ONLY**

Initial Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

C. Has any court ever warned or notified you that sanctions could be imposed? YES YES NO NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): NIA
2. Case number: NIA
3. Approximate date warning was issued: NIA

Executed on: 04-10-2018  
DATE

MASON JAMES  
Mason James  
(Signature of Plaintiff)

### PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 04 day of 10, 20 18.  
(Day) (month) (year)

MASON JAMES  
Mason James  
(Signature of Plaintiff)

**WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.**

APR 10, 2018

MASON JAMES #670604  
EASTHAM UNIT  
0665 PRISON RD #1  
LOVELAND, TX 75851

I'M REQUESTING FOR PERMISSION

I THE PLAINTIFF MASON JAMES IS ASK THE  
COURT TO GRANTED ME PERMISSION TO FILE  
MY LAWSUIT IN THIS COURT.

BY: Mason James